

BABY SITTER MEMO



- * WE ARE AT: _____
- * THE PHONE NUMBER THERE IS: _____
- * WE WILL BE HOME BY: _____

SPECIAL INFORMATION

- * MEDICATION: _____
- * DIRECTIONS
FOR DOSAGE: _____
- * SNACKS KIDS CAN EAT: _____
- * TOYS & GAMES: _____
- * BATH TIME: _____
- * BED TIME: _____
- * OTHER: _____

EMERGENCY INFORMATION

- * OUR NAMES: _____
- * OUR ADDRESS: _____
- * PHONE NUMBER: _____
- * FAMILY DOCTOR: _____
- * DOCTOR'S PHONE #: _____
- * RELATIVE OR NEIGHBOR: _____
- * RELATIVE PHONE #: _____
- * NEIGHBOR PHONE #: _____